Vendor ASSURED HEALTHCARE 7922 E EDGEWOOD AVE Remit to:

Name and Address

of Vendor:

INDIANAPOLIS IN 46239

ASSURED HEALTHCARE

Cntct: NORA VANDAGRIFFT 7922 E EDGEWOOD AVE INDIANAPOLIS IN 46239

Page 000000000000000000010277 1 **of** 21

**ASA7-7-40 Medical Temp** Requisition Nbr.:

Effective Date: 09/01/2007 **Expiration Date:** 10/31/2009

Agency Number:

RFP 7-14 Facility: Vendor Federal ID: 760701127 Vendor Telephone Nbr: 317-862-8141

Name Of Contact Pers: NORA VANDAGRIFFT

**FAX Number:** 317-862-8143

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

The Vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration of the QPA but issued prior to the expiration date. The quantity listed herein is an estimate of the requirements. The state may order substantially more or substantially less pursuant to the terms of this agreement. Orders are to be delivered only upon receipt of properly approved Quantity Purchase Award Release.

#### Line Number Quantity UNIT

#### **Article and Description**

**Unit Price** 

This is an award of a Quantity Purchase Agreement for Temporary Medical Services. QPA can be mutually renewed for two additional years.

The vendor agrees to charge these prices for any services ordered on any QPA release received after the expiration date, but issued prior to the expiration date, and postmarked no later than 14 business days after the QPA's expiration date.

Quantities were estimated and actual usage could be substantially more or less.

The vendor must maintain, at a minimum, the following information and be capable of supplying a report within one week of a request by the State:

- Number of hours for each classifications of Medical Staffing Personnel, including shift, holiday or overtime breakdown and, purchased by any State Agency and/or Political Subdivision, separated by each.
- 2. Total Dollar value of purchases made, separated by State Agency and/or Political Subdivision.

If the M/WBE participation level will exceed or fail to meet the goals outlined in the contractor's proposal, you must notify the M/WBE office immediately at MWDBE@idoa.in.gov. In the event that the contractor fails to report changes in participation attainment, demonstrate a good faith effort to reach the participation goals, pay the MBE and WBE in a timely manner or satisfactorily resolve any outstanding claims, the department may elect to withhold a disputed amount from the payments due to the contractor, suspend or terminate the contract, recommend suspension of the contractor's certification status with the public works division, and/or suspend, revoke, or deny the MBE or WBE certification and eligibility to participate in the MBE or WBE program per (25 IAC 5-7-8).

#### ORDERS PROCESSING:

Personnel will be made available to accept orders from 8:00 AM to 6:00 PM and provide a 24/7 access line for emergency and short turnaround needs.

The designated representative for the State Agency shall have the right to reject any of the personnel assigned to perform the requested services. Should an employee be rejected, the vendor will assign replacement personnel to meet the requirements and qualifications of the State Agency.

The Requesting State Agency shall have the right to request resumes to review potential candidates submitted for temporary employment and to conduct pre-employment interviews. Based upon those interviews, if conducted, the State may request the preferred temporary service employee. The vendor shall provide all resumes, licenses and assisting documents for the personnel submitted and make all reasonable efforts to fufill the service need with the candidate requested.

The vendor must be able to place a Temporary Medical Service Professional within four hours of notification. Proper resources screening will be conducted for each employee such as but not limited to background, criminal record, drug, education, training/skills, current valid licenses, etc. The vendor must provide copies of the background checks to the Requesting State Agency at the time the employee's name and information is submitted for consideration of temporary employment. The Requesting State Agency or IDOA will require the vendor to remove any individual whose background check reveals information which would cause the individual not to be hired, transferred, promoted, or retained by the State as a regular employee.

ASSURED HEALTHCARE

7922 E EDGEWOOD AVE **INDIANAPOLIS IN 46239** 

ASSURED HEALTHCARE Cntct: NORA VANDAGRIFFT

Vendor

Remit to:

Name and

of Vendor:

Address

7922 E EDGEWOOD AVE INDIANAPOLIS IN 46239

ASA7-7-40 Medical Temp Requisition Nbr.:

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Effective Date: 09/01/2007 10/31/2009 **Expiration Date:** 

**Agency Number:** 

Facility: RFP 7-14 760701127 Vendor Federal ID: Vendor Telephone Nbr: 317-862-8141

Name Of Contact Pers: NORA VANDAGRIFFT **FAX Number:** 317-862-8143

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Number	Quantity	UNIT	Article and Description	Unit Price
1	99,999,999.00	0 HUR000000000100057018 Shift 1	Licensed Practical Nurse, Laporte District, Regular	34.0300
2	99,999,999.00	O HUR000000000100057019 Shift 2	Licensed Practical Nurse, Laporte District, Regular	34.0300
3	99,999,999.00	O HUR000000000100057020 Shift 3	Licensed Practical Nurse, Laporte District, Regular	36.3200
4	99,999,999.00	O HUR0000000000100057021 Holiday/Overtime Shift 1	Licensed Practical Nurse, Laporte District,	47.6400
5	99,999,999.00	0 HUR0000000000100057022 Holiday/Overtime Shift 2	Licensed Practical Nurse, Laporte District,	47.6400
6	99,999,999.00	0 HUR0000000000100057023 Holiday/Overtime Shift 3	Licensed Practical Nurse, Laporte District,	50.8500
7	99,999,999.00	HUR00000000100057024	Registered Nurse, Laporte District, Regular Shift 1	44.5700
8	99,999,999.00	HUR00000000100057025	Registered Nurse, Laporte District, Regular Shift 2	45.8400
9	99,999,999.00	HUR00000000100057026	Registered Nurse, Laporte District, Regular Shift 3	47.1100
10	99,999,999.00	0 HUR000000000100057027 Shift 1	Registered Nurse, Laporte District, Holiday/Overtime	62.4000
11	99,999,999.00	O HUR0000000000100057028 Shift 2	Registered Nurse, Laporte District, Holiday/Overtime	64.1800
12	99,999,999.00	O HUR000000000100057029 Shift 3	Registered Nurse, Laporte District, Holiday/Overtime	65.9500
13	99,999,999.00	0 HUR000000000100057030 Shift 1	Clinical Nurse Specialist, Laporte District, Regular	54.4500
14	99,999,999.00	0 HUR000000000100057031 Shift 2	Clinical Nurse Specialist, Laporte District, Regular	55.7300
15	99,999,999.00	O HUR000000000100057032 Shift 3	Clinical Nurse Specialist, Laporte District, Regular	57.0100
16	99,999,999.00	0 HUR0000000000100057033 Holiday/Overtime Shift 1	Clinical Nurse Specialist, Laporte District,	76.2300
17	99,999,999.00	0 HUR000000000100057034 Holiday/Overtime Shift 2	Clinical Nurse Specialist, Laporte District,	78.0200
18	99,999,999.00	O HUR0000000000100057035 Holiday/Overtime Shift 3	Clinical Nurse Specialist, Laporte District,	79.8100
19	99,999,999.00	HUR00000000100057036	Nurse Practitioner, Laporte District, Regular Shift 1	84.5300
20	99,999,999.00	0 HUR000000000100057037	Nurse Practitioner, Laporte District, Regular Shift 2	85.6600

ASSURED HEALTHCARE 7922 E EDGEWOOD AVE

**INDIANAPOLIS IN 46239** 

Name and ASSURED HEALTHCARE Address Cntct: NORA VANDAGRIFFT of Vendor: 7922 E EDGEWOOD AVE INDIANAPOLIS IN 46239

Vendor

Remit to:

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10/31/2009

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Requisition Nbr.: 09/01/2007 Effective Date:

**Expiration Date:** Agency Number:

Facility: RFP 7-14 760701127 Vendor Federal ID:

Vendor Telephone Nbr: 317-862-8141 Name Of Contact Pers: NORA VANDAGRIFFT FAX Number: 317-862-8143

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Number	Quantity UNIT		Article and Description	Unit Price
21	99,999,999.00 HUR000000	000100057038	Nurse Practitioner, Laporte District, Regular Shift 3	86.7800
22	99,999,999.00 HUR000000 Holiday	000100057039 V/Overtime Shift 1	Nurse Practitioner, Laporte District,	118.3400
23	99,999,999.00 HUR000000 Holiday	0000100057040 V/Overtime Shift 2	Nurse Practitioner, Laporte District,	119.9200
24	99,999,999.00 HUR000000 Holiday	000100057041 V/Overtime Shift 3	Nurse Practitioner, Laporte District,	121.4900
25	99,999,999.00 HUR000000 Shift 1	000100057048	Radiologic Technician, Laporte District, Regular	53.3100
26	99,999,999.00 HUR000000 Shift 2	000100057049	Radiologic Technician, Laporte District, Regular	54.4400
27	99,999,999.00 HUR000000 Shift 3	000100057050	Radiologic Technician, Laporte District, Regular	55.5700
28	99,999,999.00 HUR000000 Holiday	000100057051 Overtime Shift 1	Radiologic Technician, Laporte District,	74.6300
29		000100057052 Overtime Shift 2	Radiologic Technician, Laporte District,	76.2200
30	99,999,999.00 HUR000000 Holiday	000100057053 Overtime Shift 3	Radiologic Technician, Laporte District,	77.8000
31	99,999,999.00 HUR000000 1	000100057054	Certified Nurse Aide, Laporte District, Regular Shift	23.3200
32	99,999,999.00 HUR000000 2	000100057055	Certified Nurse Aide, Laporte District, Regular Shift	24.4400
33	99,999,999.00 HUR000000 t3	000100057056	Certified Nurse Aide, Laporte District, Regular Shif	25.5600
34	99,999,999.00 HUR000000 Holiday	000100057057 Overtime Shift 1	Certified Nurse Aide, Laporte District,	32.6500
35		000100057058 Overtime Shift 2	Certified Nurse Aide, Laporte District,	35.7840
36	99,999,999.00 HUR000000 Holiday	000100057059 /Overtime Shift 3	Certified Nurse Aide, Laporte District,	35.7800
37	99,999,999.00 HUR000000 Shift 1	000100057060	Qualified Medication Aide, Laporte District, Regular	24.8300
38	99,999,999.00 HUR000000 Shift 2	000100057061	Qualified Medication Aide, Laporte District, Regular	26.0300
39	99,999,999.00 HUR000000 Shift 3	000100057062	Qualified Medication Aide, Laporte District, Regular	27.2300

ASSURED HEALTHCARE 7922 E EDGEWOOD AVE

INDIANAPOLIS IN 46239

Name and ASSURED HEALTHCARE Address Cntct: NORA VANDAGRIFFT of Vendor: 7922 E EDGEWOOD AVE INDIANAPOLIS IN 46239

Vendor

Remit to:

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ASA7-7-40 Medical Temp Requisition Nbr.:

09/01/2007 Effective Date: 10/31/2009 **Expiration Date:** 

Agency Number:

Facility: RFP 7-14 760701127 Vendor Federal ID: Vendor Telephone Nbr: 317-862-8141

Name Of Contact Pers: NORA VANDAGRIFFT FAX Number: 317-862-8143

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Number	Quantity	UNIT	Article and Description	Unit Price
40	99,999,999.00	0 HUR0000000000100057063 Holiday/Overtime Shift 1	Qualified Medication Aide, Laporte District,	34.7600
41	99,999,999.00	0 HUR0000000000100057064 Holiday/Overtime Shift 2	Qualified Medication Aide, Laporte District,	36.4400
42	99,999,999.00	0 HUR0000000000100057065 Holiday/Overtime Shift 3		38.1200
43	99,999,999.00	0 HUR000000000100057066 1	Behavioral Clinician, Laporte District, Regular Shift	67.0200
44	99,999,999.00	0 HUR000000000100057067 2	Behavioral Clinician, Laporte District, Regular Shift	68.2600
45	99,999,999.00	0 HUR000000000100057068 3	Behavioral Clinician, Laporte District, Regular Shift	69.4900
46	99,999,999.00	0 HUR000000000100057069 Holiday/Overtime Shift 1	Behavioral Clinician, Laporte District,	93.8300
47	99,999,999.00	0 HUR0000000000100057070 Holiday/Overtime Shift 2	· · · · · · · · · · · · · · · · · · ·	95.5600
48	99,999,999.00	0 HUR0000000000100057071 Holiday/Overtime Shift 3	Behavioral Clinician, Laporte District,	97.2900
49	99,999,999.00	0 HUR000000000100057072 Shift 1	Medical Transciptionist, Laporte District, Regular	33.1100
50	99,999,999.00	O HUR000000000100057073 Shift 2	Medical Transciptionist, Laporte District, Regular	34.2900
51	99,999,999.00	O HUR000000000100057074 Shift 3	Medical Transciptionist, Laporte District, Regular	35.4600
52	99,999,999.00	0 HUR0000000000100057075 Holiday/Overtime Shift 1	Medical Transciptionist, Laporte District,	46.3500
53	99,999,999.00	O HUR0000000000100057076 Holiday/Overtime Shift 2		48.0000
54	99,999,999.00	0 HUR0000000000100057077 Holiday/Overtime Shift 3		49.6400
55	99,999,999.00	0 HUR000000000100057078 1	Pharmacy Technician, Laporte District, Regular Shift	26.2500
56	99,999,999.00	0 HUR000000000100057079 2	Pharmacy Technician, Laporte District, Regular Shift	27.4800
57	99,999,999.00	0 HUR000000000100057080 3	Pharmacy Technician, Laporte District, Regular Shift	28.7000
58	99,999,999.00	0 HUR000000000100057081 Holiday/Overtime Shift 1	Pharmacy Technician, Laporte District,	36.7500

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09/01/2007 Effective Date: 10/31/2009 **Expiration Date:** 

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Facility: **RFP 7-14** 760701127 Vendor Federal ID: Vendor Telephone Nbr: 317-862-8141

Name Of Contact Pers: NORA VANDAGRIFFT FAX Number: 317-862-8143

Name and ASSURED HEALTHCARE Address Cntct: NORA VANDAGRIFFT of Vendor: 7922 E EDGEWOOD AVE INDIANAPOLIS IN 46239

Vendor

Remit to:

ASSURED HEALTHCARE

7922 E EDGEWOOD AVE

INDIANAPOLIS IN 46239

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Number	Quantity	UNIT	Article and Description	Unit Price
59	99,999,999.00	0 HUR000000000100057082 Holiday/Overtime Shift 2		38.4700
60	99,999,999.00	0 HUR000000000100057083 Holiday/Overtime Shift 3	Pharmacy Technician, Laporte District,	40.1800
61	99,999,999.00	0 HUR000000000100057096 Regular Shift 1	Licensed Practical Nurse, Fort Wayne District,	34.0300
62	99,999,999.00	0 HUR000000000100057097 Regular Shift 2	Licensed Practical Nurse, Fort Wayne District,	34.0300
63	99,999,999.00	0 HUR000000000100057098 Regular Shift 3	Licensed Practical Nurse, Fort Wayne District,	36.3200
64	99,999,999.00	O HUR0000000000100057099 Holiday/Overtime Shift	Licensed Practical Nurse, Fort Wayne District,	47.6400
65	99,999,999.00	O HUR0000000000100057100 Holiday/Overtime Shift 2	Licensed Practical Nurse, Fort Wayne District,	47.6400
66	99,999,999.00	O HUR0000000000100057101 Holiday/Overtime Shift 3	Licensed Practical Nurse, Fort Wayne District,	50.8500
67	99,999,999.00	0 HUR000000000100057102 1	Registered Nurse, Fort Wayne District, Regular Shift	44.5700
68	99,999,999.00	0 HUR000000000100057103 2	Registered Nurse, Fort Wayne District, Regular Shift	45.8400
69	99,999,999.00	0 HUR000000000100057104 3	Registered Nurse, Fort Wayne District, Regular Shift	47.1100
70	99,999,999.00	O HUR0000000000100057105 Holiday/Overtime Shift	Registered Nurse, Fort Wayne District,	62.4000
71	99,999,999.00	O HUR0000000000100057106 Holiday/Overtime Shift 2	Registered Nurse, Fort Wyane District,	64.1800
72	99,999,999.00	O HUR0000000000100057107 Holiday/Overtime Shift 3		65.9500
73	99,999,999.00	0 HUR000000000100057108 Regular Shift 1	Clinical Nurse Specialist, Fort Wayne District,	54.4500
74	99,999,999.00	0 HUR000000000100057109 Regular Shift 2	Clinical Nurse Specialist, Fort Wayne District,	55.7300
75	99,999,999.00	0 HUR000000000100057110 Regular Shift 3	Clinical Nurse Specialist, Fort Wayne District,	57.0100
76	99,999,999.00	O HUR0000000000100057111 Holiday/Overtime Shift	Clinical Nurse Specialist, Fort Wayne District,	76.2300
77	99,999,999.00	0 HUR000000000100057112	Clinical Nurse Specialist, Fort Wayne District,	78.0200

ASSURED HEALTHCARE 7922 E EDGEWOOD AVE

INDIANAPOLIS IN 46239

Name and ASSURED HEALTHCARE Address Cntct: NORA VANDAGRIFFT of Vendor: 7922 E EDGEWOOD AVE INDIANAPOLIS IN 46239

Vendor

Remit to:

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Page

09/01/2007 Effective Date: 10/31/2009 **Expiration Date:** 

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Facility: **RFP 7-14** 760701127 Vendor Federal ID:

Vendor Telephone Nbr: 317-862-8141 Name Of Contact Pers: NORA VANDAGRIFFT FAX Number: 317-862-8143

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Line Number	Quantity	UNIT Holiday/Overtime S	Article and Description Shift 2	Unit Price
78	99,999,999.0	0 HUR00000000010005711 Holiday/Overtime Shi		79.8100
79	99,999,999.0	0 HUR00000000010005711 Shift 1	4 Nurse Practitioner, Fort Wayne District, Regular	84.5300
80	99,999,999.0	0 HUR00000000010005711 Shift 2	5 Nurse Practitioner, Fort Wayne District, Regular	85.6600
81	99,999,999.0	0 HUR00000000010005711 Shift 3	6 Nurse Practitioner, Fort Wayne District, Regular	86.7800
82	99,999,999.0	0 HUR00000000010005711 Holiday/Overtime Shi		118.3400
83	99,999,999.0	0 HUR00000000010005711 Holiday/Overtime Shi	· · · · · · · · · · · · · · · · · · ·	119.9200
84	99,999,999.0	0 HUR00000000010005711 Holiday/Overtime Shi	· · · · · · · · · · · · · · · · · · ·	121.4900
85	99,999,999.0	0 HUR00000000010005712 Shift 1	6 Radiologic Technician, Fort Wayne District, Regular	53.3100
86	99,999,999.0	0 HUR00000000010005712 Shift 2	7 Radiologic Technician, Fort Wayne District, Regular	54.4400
87	99,999,999.0	0 HUR00000000010005712 Shift 3	8 Radiologic Technician, Fort Wayne District, Regular	55.5700
88	99,999,999.0	0 HUR00000000010005712 Holiday/Overtime Shi		74.6300
89	99,999,999.0	0 HUR00000000010005713 Holiday/Overtime Shi		76.2200
90	99,999,999.0	0 HUR00000000010005713 Holiday/Overtime Shi		77.8000
91	99,999,999.0	0 HUR00000000010005713 Shift 1	2 Certified Nurse Aide, Fort Wayne District, Regular	23.3200
92	99,999,999.0	0 HUR00000000010005713 Shift 2	3 Certified Nurse Aide, Fort Wayne District, Regular	24.4400
93	99,999,999.0	0 HUR00000000010005713 Shif t3	4 Certified Nurse Aide, Fort Wayne District, Regular	25.5600
94	99,999,999.0	0 HUR00000000010005713 Holiday/Overtime Shi		32.6500
95	99,999,999.0	0 HUR00000000010005713 Holiday/Overtime Shi		35.7840
96	99,999,999.0	0 HUR00000000010005713	7 Certified Nurse Aide, Fort Wayne District,	35.7800

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ASA7-7-40 Medical Temp Requisition Nbr.:

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Name Of Contact Pers: NORA VANDAGRIFFT **FAX Number:** 317-862-8143

Name and ASSURED HEALTHCARE Address Cntct: NORA VANDAGRIFFT of Vendor: 7922 E EDGEWOOD AVE

Vendor

Remit to:

INDIANAPOLIS IN 46239

ASSURED HEALTHCARE

7922 E EDGEWOOD AVE

**INDIANAPOLIS IN 46239** 

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Number	Quantity	UNIT Holiday/Overtime Sh	Article and Description nift 3	Unit Price
97	99,999,999.0	0 HUR000000000100057138 Regular Shift 1	Qualified Medication Aide, Fort Wayne District,	24.8300
98	99,999,999.0	0 HUR000000000100057139 Regular Shift 2	Qualified Medication Aide, Fort Wayne District,	26.0300
99	99,999,999.0	0 HUR000000000100057140 Regular Shift 3	Qualified Medication Aide, Fort Wayne District,	27.2300
100	99,999,999.0	0 HUR000000000100057141 Holiday/Overtime Shift		34.7600
101	99,999,999.0	0 HUR000000000100057142 Holiday/Overtime Shift		36.4400
102	99,999,999.0	0 HUR000000000100057143 Holiday/Overtime Shift		38.1200
103	99,999,999.0	0 HUR000000000100057144 Shift 1	Behavioral Clinician, Fort Wayne District, Regular	67.0200
104	99,999,999.0	0 HUR000000000100057145 Shift 2	Behavioral Clinician, Fort Wayne District, Regular	68.2600
105	99,999,999.0	0 HUR000000000100057146 Shift 3	Behavioral Clinician, Fort Wayne District, Regular	69.4900
106	99,999,999.0	0 HUR000000000100057147 Holiday/Overtime Shift		93.8300
107	99,999,999.0	0 HUR000000000100057148 Holiday/Overtime Shift		95.5600
108	99,999,999.0	0 HUR000000000100057149 Holiday/Overtime Shift	Behavioral Clinician, Fort Wayne District,	97.2900
109	99,999,999.0	0 HUR000000000100057150 Shift 1	Medical Transciptionist, Fort Wayne District, Regular	33.1100
110	99,999,999.0	0 HUR000000000100057151 Shift 2	Medical Transciptionist, Fort Wayne District, Regular	34.2900
111	99,999,999.0	0 HUR000000000100057152 Shift 3	Medical Transciptionist, Fort Wayne District, Regular	35.4600
112	99,999,999.0	0 HUR000000000100057153 Holiday/Overtime Shift	Medical Transciptionist, Fort Wayne District,	46.3500
113	99,999,999.0	0 HUR000000000100057154 Holiday/Overtime Shift	Medical Transciptionist, Fort Wayne District,	48.0000
114	99,999,999.0	0 HUR000000000100057155 Holiday/Overtime Shift	Medical Transciptionist, Fort Wayne District,	49.6400
115	99,999,999.0	0 HUR000000000100057156	Pharmacy Technician, Fort Wayne District, Regular	26.2500

ASSURED HEALTHCARE 7922 E EDGEWOOD AVE

**INDIANAPOLIS IN 46239** 

Name and ASSURED HEALTHCARE Address Cntct: NORA VANDAGRIFFT of Vendor: 7922 E EDGEWOOD AVE INDIANAPOLIS IN 46239

Vendor

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Page 8 of 21

ASA7-7-40 Medical Temp Requisition Nbr.:

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Name Of Contact Pers: NORA VANDAGRIFFT FAX Number: 317-862-8143

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Number	Quantity UNIT Shift 1	Article and Description	Unit Price
116	99,999,999.00 HUR00000000100057157 Shift 2	Pharmacy Technician, Fort Wayne District, Regular	27.4800
117	99,999,999.00 HUR00000000100057158 Shift 3	Pharmacy Technician, Fort Wayne District, Regular	28.7000
118	99,999,999.00 HUR00000000100057159 Holiday/Overtime Shif		36.7500
119	99,999,999.00 HUR00000000100057160 Holiday/Overtime Shif		38.4700
120	99,999,999.00 HUR00000000100057161 Holiday/Overtime Shif		40.1800
121	99,999,999.00 HUR000000000100057174 Regular Shift 1	Licensed Practical Nurse, Crawfordsville District,	34.0300
122	99,999,999.00 HUR000000000100057175 Regular Shift 2	5 Licensed Practical Nurse, Crawfordsville District,	34.0300
123	99,999,999.00 HUR000000000100057176 Regular Shift 3	6 Licensed Practical Nurse, Crawfordsville District,	36.3200
124	99,999,999.00 HUR00000000100057177 Holiday/Overtime Shif	<ul> <li>Licensed Practical Nurse, Crawfordsville District,</li> <li>1</li> </ul>	47.6400
125	99,999,999.00 HUR00000000100057178 Holiday/Overtime Shif		47.6400
126	99,999,999.00 HUR00000000100057179 Holiday/Overtime Shif	9 Licensed Practical Nurse, Crawfordsville District, t 3	50.8500
127	99,999,999.00 HUR000000000100057180 Shift 1	Registered Nurse, Crawfordsville District, Regular	44.5700
128	99,999,999.00 HUR00000000100057181 Shift 2	Registered Nurse, Crawfordsville District, Regular	45.8400
129	99,999,999.00 HUR00000000100057182 Shift 3	2 Registered Nurse, Crawfordsville District, Regular	47.1100
130	99,999,999.00 HUR00000000100057183 Holiday/Overtime Shif		62.4000
131	99,999,999.00 HUR00000000100057184 Holiday/Overtime Shif		64.1800
132	99,999,999.00 HUR000000000100057185 Holiday/Overtime Shif	5 Registered Nurse, Crawfordsville District, t 3	65.9500
133	99,999,999.00 HUR00000000100057186 Regular Shift 1	Clinical Nurse Specialist, Crawfordsville District,	54.4500
134	99,999,999.00 HUR00000000100057187	Clinical Nurse Specialist, Crawfordsville District,	55.7300

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Requisition Nbr.:

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Name and ASSURED HEALTHCARE Address Cntct: NORA VANDAGRIFFT of Vendor: 7922 E EDGEWOOD AVE INDIANAPOLIS IN 46239

ASSURED HEALTHCARE

7922 E EDGEWOOD AVE

**INDIANAPOLIS IN 46239** 

Vendor

Remit to:

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Number	Quantity UNIT Regular Shift 2	Article and Description	Unit Price
135	99,999,999.00 HUR00000000100057188 Regular Shift 3	Clinical Nurse Specialist, Crawfordsville District,	57.0100
136	99,999,999.00 HUR00000000100057189 Holiday/Overtime Shift 1	Clinical Nurse Specialist, Crawfordsville District,	76.2300
137	99,999,999.00 HUR00000000100057190 Holiday/Overtime Shift 2	Clinical Nurse Specialist, Crawfordsville District,	78.0200
138	99,999,999.00 HUR00000000100057191 Holiday/Overtime Shift 3	Clinical Nurse Specialist, Crawfordsville District,	79.8100
139	99,999,999.00 HUR00000000100057192 Shift 1	Nurse Practitioner, Crawfordsville District, Regular	84.5300
140	99,999,999.00 HUR00000000100057193 Shift 2	Nurse Practitioner, Crawfordsville District, Regular	85.6600
141	99,999,999.00 HUR00000000100057194 Shift 3	Nurse Practitioner, Crawfordsville District, Regular	86.7800
142	99,999,999.00 HUR00000000100057195 Holiday/Overtime Shift 1	Nurse Practitioner, Crawfordsville District,	118.3400
143	99,999,999.00 HUR00000000100057196 Holiday/Overtime Shift 2	Nurse Practitioner, Crawfordsville District,	119.9200
144	99,999,999.00 HUR00000000100057197 Holiday/Overtime Shift 3	Nurse Practitioner, Crawfordsville District,	121.4900
145	99,999,999.00 HUR00000000100057204 Regular Shift 1	Radiologic Technician, Crawfordsville District,	53.3100
146	99,999,999.00 HUR00000000100057205 Regular Shift 2	Radiologic Technician, Crawfordsville District,	54.4400
147	99,999,999.00 HUR00000000100057206 Regular Shift 3	Radiologic Technician, Crawfordsville District,	55.5700
148	99,999,999.00 HUR00000000100057207 Holiday/Overtime Shift 1	Radiologic Technician, Crawfordsville District,	74.6300
149	99,999,999.00 HUR00000000100057208 Holiday/Overtime Shift 2	Radiologic Technician, Crawfordsville District,	76.2200
150	99,999,999.00 HUR00000000100057209 Holiday/Overtime Shift 3	Radiologic Technician, Crawfordsville District,	77.8000
151	99,999,999.00 HUR00000000100057210 Regular Shift 1	Certified Nurse Aide, Crawfordsville District,	23.3200
152	99,999,999.00 HUR00000000100057211 Regular Shift 2	Certified Nurse Aide, Crawfordsville District,	24.4400
153	99,999,999.00 HUR00000000100057212	Certified Nurse Aide, Crawfordsville District,	25.5600

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ASA7-7-40 Medical Temp Requisition Nbr.:

Effective Date: 09/01/2007 10/31/2009 **Expiration Date:** 

**Agency Number:** 

Facility: RFP 7-14 760701127 Vendor Federal ID:

Vendor Telephone Nbr: 317-862-8141 Name Of Contact Pers: NORA VANDAGRIFFT **FAX Number:** 317-862-8143

Name and ASSURED HEALTHCARE Address Cntct: NORA VANDAGRIFFT of Vendor: 7922 E EDGEWOOD AVE INDIANAPOLIS IN 46239

ASSURED HEALTHCARE

7922 E EDGEWOOD AVE

**INDIANAPOLIS IN 46239** 

Vendor

Remit to:

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Number	Quantity	<b>UNIT</b> Regular Shif t3	Article and Description	Unit Price
154	99,999,999	0.00 HUR000000000100057213 Holiday/Overtime Shift	Certified Nurse Aide, Crawfordsville District,	32.6500
155	99,999,999	0.00 HUR000000000100057214 Holiday/Overtime Shift 2	Certified Nurse Aide, Crawfordsville District,	35.7840
156	99,999,999	0.00 HUR000000000100057215 Holiday/Overtime Shift	Certified Nurse Aide, Crawfordsville District,	35.7800
157	99,999,999	0.00 HUR000000000100057216 Regular Shift 1	Qualified Medication Aide, Crawfordsville District,	24.8300
158	99,999,999	0.00 HUR000000000100057217 Regular Shift 2	Qualified Medication Aide, Crawfordsville District,	26.0300
159	99,999,999	0.00 HUR000000000100057218 Regular Shift 3	Qualified Medication Aide, Crawfordsville District,	27.2300
160	99,999,999	0.00 HUR000000000100057219 Holiday/Overtime Shift	Qualified Medication Aide, Crawfordsville District,	34.7600
161	99,999,999	0.00 HUR000000000100057220 Holiday/Overtime Shift 2		36.4400
162	99,999,999	0.00 HUR000000000100057221 Holiday/Overtime Shift :	Qualified Medication Aide, Crawfordsville District,	38.1200
163	99,999,999	0.00 HUR000000000100057222 Regular Shift 1	Behavioral Clinician, Crawfordsville District,	67.0200
164	99,999,999	0.00 HUR000000000100057223 Regular Shift 2	Behavioral Clinician, Crawfordsville District,	68.2600
165	99,999,999	0.00 HUR000000000100057224 Regular Shift 3	Behavioral Clinician, Crawfordsville District,	69.4900
166	99,999,999	0.00 HUR000000000100057225 Holiday/Overtime Shift	Behavioral Clinician, Crawfordsville District,	93.8300
167	99,999,999	0.00 HUR000000000100057226 Holiday/Overtime Shift 2	Behavioral Clinician, Crawfordsville District,	95.5600
168	99,999,999	0.00 HUR000000000100057227 Holiday/Overtime Shift		97.2900
169	99,999,999	0.00 HUR000000000100057228 Regular Shift 1	Medical Transciptionist, Crawfordsville District,	33.1100
170	99,999,999	0.00 HUR000000000100057229 Regular Shift 2	Medical Transciptionist, Crawfordsville District,	34.2900
171	99,999,999	0.00 HUR000000000100057230 Regular Shift 3	Medical Transciptionist, Crawfordsville District,	35.4600
172	99,999,999	0.00 HUR00000000100057231	Medical Transciptionist, Crawfordsville District,	46.3500

ASSURED HEALTHCARE

Requisition Nbr.:

ASA7-7-40 Medical Temp

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Effective Date: 09/01/2007 10/31/2009 **Expiration Date:** 

**Agency Number:** 

Facility: RFP 7-14 760701127 Vendor Federal ID:

Vendor Telephone Nbr: 317-862-8141 Name Of Contact Pers: NORA VANDAGRIFFT

**FAX Number:** 317-862-8143

Name and ASSURED HEALTHCARE Address Cntct: NORA VANDAGRIFFT of Vendor: 7922 E EDGEWOOD AVE INDIANAPOLIS IN 46239

7922 E EDGEWOOD AVE

**INDIANAPOLIS IN 46239** 

Vendor

Remit to:

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Number	Quantity	<b>UNIT</b> Holiday/Overtime Sl	Article and Description hift 1	Unit Price
173	99,999,99	9.00 HUR000000000100057232 Holiday/Overtime Shift	2 Medical Transciptionist, Crawfordsville District, t 2	48.0000
174	99,999,99	9.00 HUR000000000100057233 Holiday/Overtime Shift	Medical Transciptionist, Crawfordsville District, t 3	49.6400
175	99,999,99	9.00 HUR000000000100057234 Shift 1	Pharmacy Technician, Crawfordsville District, Regular	26.2500
176	99,999,99	9.00 HUR000000000100057235 Shift 2	Pharmacy Technician, Crawfordsville District, Regular	27.4800
177	99,999,99	9.00 HUR00000000100057236 Shift 3	Pharmacy Technician, Crawfordsville District, Regular	28.7000
178	99,999,99	9.00 HUR000000000100057237 Holiday/Overtime Shift		36.7500
179	99,999,99	9.00 HUR000000000100057238 Holiday/Overtime Shift		38.4700
180	99,999,99	9.00 HUR000000000100057239 Holiday/Overtime Shift		40.1800
181	99,999,99	9.00 HUR000000000100057252 Regular Shift 1	2 Licensed Practical Nurse, Greenfield District,	34.0300
182	99,999,99	9.00 HUR000000000100057253 Regular Shift 2	B Licensed Practical Nurse, Greenfield District,	34.0300
183	99,999,99	9.00 HUR000000000100057254 Regular Shift 3	Licensed Practical Nurse, Greenfield District,	36.3200
184	99,999,99	9.00 HUR000000000100057255 Holiday/Overtime Shift	5 Licensed Practical Nurse, Greenfield District, t 1	47.6400
185	99,999,99	9.00 HUR000000000100057256 Holiday/Overtime Shift		47.6400
186	99,999,99	9.00 HUR000000000100057257 Holiday/Overtime Shift	Licensed Practical Nurse, Greenfield District, t 3	50.8500
187	99,999,99	9.00 HUR00000000100057258 1	Registered Nurse, Greenfield District, Regular Shift	44.5700
188	99,999,99	9.00 HUR00000000100057259 2	Registered Nurse, Greenfield District, Regular Shift	45.8400
189	99,999,99	9.00 HUR00000000100057260 3	Registered Nurse, Greenfield District, Regular Shift	47.1100
190	99,999,99	9.00 HUR000000000100057261 Holiday/Overtime Shift		62.4000
191	99,999,99	9.00 HUR00000000100057262	Registered Nurse, Greenfield District,	64.1800

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Page

09/01/2007 Effective Date:

10/31/2009 **Expiration Date:** 

Agency Number:

Facility: RFP 7-14 760701127 Vendor Federal ID:

Vendor Telephone Nbr: 317-862-8141 Name Of Contact Pers: NORA VANDAGRIFFT FAX Number: 317-862-8143

Name and ASSURED HEALTHCARE Address Cntct: NORA VANDAGRIFFT of Vendor: 7922 E EDGEWOOD AVE INDIANAPOLIS IN 46239

ASSURED HEALTHCARE

7922 E EDGEWOOD AVE

**INDIANAPOLIS IN 46239** 

Vendor

Remit to:

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Number	Quantity UNIT Article and Description Holiday/Overtime Shift 2	Unit Price
192	99,999,999.00 HUR00000000100057263 Registered Nurse, Greenfield District, Holiday/Overtime Shift 3	65.9500
193	99,999,999.00 HUR00000000100057264 Clinical Nurse Specialist, Greenfield District, Regular Shift 1	54.4500
194	99,999,999.00 HUR00000000100057265 Clinical Nurse Specialist, Greenfield District, Regular Shift 2	55.7300
195	99,999,999.00 HUR00000000100057266 Clinical Nurse Specialist, Greenfield District, Regular Shift 3	57.0100
196	99,999,999.00 HUR00000000100057267 Clinical Nurse Specialist, Greenfield District, Holiday/Overtime Shift 1	76.2300
197	99,999,999.00 HUR00000000100057268 Clinical Nurse Specialist, Greenfield District, Holiday/Overtime Shift 2	78.0200
198	99,999,999.00 HUR00000000100057269 Clinical Nurse Specialist, Greenfield District, Holiday/Overtime Shift 3	79.8100
199	99,999,999.00 HUR00000000100057270 Nurse Practitioner, Greenfield District, Regular Shift 1	84.5300
200	99,999,999.00 HUR0000000100057271 Nurse Practitioner, Greenfield District, Regular Shift 2	85.6600
201	99,999,999.00 HUR00000000100057272 Nurse Practitioner, Greenfield District, Regular Shift 3	86.7800
202	99,999,999.00 HUR00000000100057273 Nurse Practitioner, Greenfield District, Holiday/Overtime Shift 1	118.3400
203	99,999,999.00 HUR00000000100057274 Nurse Practitioner, Greenfield District, Holiday/Overtime Shift 2	119.9200
204	99,999,999.00 HUR00000000100057275 Nurse Practitioner, Greenfield District, Holiday/Overtime Shift 3	121.4900
205	99,999,999.00 HUR00000000100057282 Radiologic Technician, Greenfield District, Regular Shift 1	53.3100
206	99,999,999.00 HUR00000000100057283 Radiologic Technician, Greenfield District, Regular Shift 2	54.4400
207	99,999,999.00 HUR00000000100057284 Radiologic Technician, Greenfield District, Regular Shift 3	55.5700
208	99,999,999.00 HUR00000000100057285 Radiologic Technician, Greenfield District, Holiday/Overtime Shift 1	74.6300
209	99,999,999.00 HUR00000000100057286 Radiologic Technician, Greenfield District, Holiday/Overtime Shift 2	76.2200
210	99,999,999.00 HUR00000000100057287 Radiologic Technician, Greenfield District,	77.8000

ASA7-7-40 Medical Temp Requisition Nbr.:

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09/01/2007 Effective Date: 10/31/2009 **Expiration Date:** 

Agency Number:

Facility: RFP 7-14 760701127 Vendor Federal ID:

Vendor Telephone Nbr: 317-862-8141

Name Of Contact Pers: NORA VANDAGRIFFT FAX Number: 317-862-8143

Name and ASSURED HEALTHCARE Address Cntct: NORA VANDAGRIFFT of Vendor: 7922 E EDGEWOOD AVE INDIANAPOLIS IN 46239

ASSURED HEALTHCARE

7922 E EDGEWOOD AVE

**INDIANAPOLIS IN 46239** 

Vendor

Remit to:

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Number	Quantity UNIT Article and Description Holiday/Overtime Shift 3	Unit Price
211	99,999,999.00 HUR0000000100057288 Certified Nurse Aide, Greenfield District, Regular Shift 1	23.3200
212	99,999,999.00 HUR00000000100057289 Certified Nurse Aide, Greenfield District, Regular Shift 2	24.4400
213	99,999,999.00 HUR00000000100057290 Certified Nurse Aide, Greenfield District, Regular Shif t3	25.5600
214	99,999,999.00 HUR00000000100057291 Certified Nurse Aide, Greenfield District, Holiday/Overtime Shift 1	32.6500
215	99,999,999.00 HUR00000000100057292 Certified Nurse Aide, Greenfield District, Holiday/Overtime Shift 2	35.7840
216	99,999,999.00 HUR00000000100057293 Certified Nurse Aide, Greenfield District, Holiday/Overtime Shift 3	35.7800
217	99,999,999.00 HUR00000000100057294 Qualified Medication Aide, Greenfield District, Regular Shift 1	24.8300
218	99,999,999.00 HUR00000000100057295 Qualified Medication Aide, Greenfield District, Regular Shift 2	26.0300
219	99,999,999.00 HUR00000000100057296 Qualified Medication Aide, Greenfield District, Regular Shift 3	27.2300
220	99,999,999.00 HUR00000000100057297 Qualified Medication Aide, Greenfield District, Holiday/Overtime Shift 1	34.7600
221	99,999,999.00 HUR00000000100057298 Qualified Medication Aide, Greenfield District, Holiday/Overtime Shift 2	36.4400
222	99,999,999.00 HUR00000000100057299 Qualified Medication Aide, Greenfield District, Holiday/Overtime Shift 3	38.1200
223	99,999,999.00 HUR00000000100057300 Behavioral Clinician, Greenfield District, Regular Shift 1	67.0200
224	99,999,999.00 HUR0000000100057301 Behavioral Clinician, Greenfield District, Regular Shift 2	68.2600
225	99,999,999.00 HUR00000000100057302 Behavioral Clinician, Greenfield District, Regular Shift 3	69.4900
226	99,999,999.00 HUR00000000100057303 Behavioral Clinician, Greenfield District, Holiday/Overtime Shift 1	93.8300
227	99,999,999.00 HUR00000000100057304 Behavioral Clinician, Greenfield District, Holiday/Overtime Shift 2	95.5600
228	99,999,999.00 HUR00000000100057305 Behavioral Clinician, Greenfield District, Holiday/Overtime Shift 3	97.2900
229	99,999,999.00 HUR00000000100057306 Medical Transciptionist, Greenfield District, Regular	33.1100

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317-862-8143

ASA7-7-40 Medical Temp Requisition Nbr.:

Effective Date: 09/01/2007 10/31/2009 **Expiration Date:** 

**Agency Number:** 

**FAX Number:** 

Facility: RFP 7-14 760701127 Vendor Federal ID:

Vendor Telephone Nbr: 317-862-8141 Name Of Contact Pers: NORA VANDAGRIFFT

Name and ASSURED HEALTHCARE Address Cntct: NORA VANDAGRIFFT of Vendor: 7922 E EDGEWOOD AVE INDIANAPOLIS IN 46239

ASSURED HEALTHCARE

7922 E EDGEWOOD AVE

**INDIANAPOLIS IN 46239** 

Vendor

Remit to:

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Number	Quantity	UNIT Shift 1	Article and Description	Unit Price
230	99,999,999	0.00 HUR000000000100057307 Shift 2	Medical Transciptionist, Greenfield District, Regular	34.2900
231	99,999,999	0.00 HUR00000000100057308 Shift 3	Medical Transciptionist, Greenfield District, Regular	35.4600
232	99,999,999	0.00 HUR00000000100057309 Holiday/Overtime Shift		46.3500
233	99,999,999	0.00 HUR00000000100057310 Holiday/Overtime Shift	Medical Transciptionist, Greenfield District, 2	48.0000
234	99,999,999	0.00 HUR00000000100057311 Holiday/Overtime Shift		49.6400
235	99,999,999	0.00 HUR00000000100057312 Shift 1	Pharmacy Technician, Greenfield District, Regular	26.2500
236	99,999,999	0.00 HUR00000000100057313 Shift 2	Pharmacy Technician, Greenfield District, Regular	27.4800
237	99,999,999	0.00 HUR00000000100057314 Shift 3	Pharmacy Technician, Greenfield District, Regular	28.7000
238	99,999,999	0.00 HUR00000000100057315 Holiday/Overtime Shift		36.7500
239	99,999,999	0.00 HUR00000000100057316 Holiday/Overtime Shift	Pharmacy Technician, Greenfield District, 2	38.4700
240	99,999,999	0.00 HUR00000000100057317 Holiday/Overtime Shift		40.1800
241	99,999,999	0.00 HUR00000000100057330 Shift 1	Licensed Practical Nurse, Seymour District, Regular	34.0300
242	99,999,999	0.00 HUR00000000100057331 Shift 2	Licensed Practical Nurse, Seymour District, Regular	34.0300
243	99,999,999	0.00 HUR00000000100057332 Shift 3	Licensed Practical Nurse, Seymour District, Regular	36.3200
244	99,999,999	0.00 HUR00000000100057333 Holiday/Overtime Shift		47.6400
245	99,999,999	0.00 HUR00000000100057334 Holiday/Overtime Shift	Licensed Practical Nurse, Seymour District, 2	47.6400
246	99,999,999	0.00 HUR000000000100057335 Holiday/Overtime Shift		50.8500
247	99,999,999	9.00 HUR00000000100057336	Registered Nurse, Seymour District, Regular Shift 1	44.5700
248	99,999,999	9.00 HUR00000000100057337	Registered Nurse, Seymour District, Regular Shift 2	45.8400

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Page

09/01/2007 Effective Date: 10/31/2009 **Expiration Date:** 

Agency Number:

Facility: RFP 7-14 760701127 Vendor Federal ID:

Vendor Telephone Nbr: 317-862-8141 Name Of Contact Pers: NORA VANDAGRIFFT

FAX Number: 317-862-8143

Name and ASSURED HEALTHCARE Address Cntct: NORA VANDAGRIFFT of Vendor: 7922 E EDGEWOOD AVE INDIANAPOLIS IN 46239

Vendor

Remit to:

ASSURED HEALTHCARE

7922 E EDGEWOOD AVE

INDIANAPOLIS IN 46239

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Number	Quantity	UNIT	Article and Description	Unit Price
249	99,999,999.00	HUR00000000100057338	Registered Nurse, Seymour District, Regular Shift 3	47.1100
250	99,999,999.00	HUR000000000100057339 Shift 1	Registered Nurse, Seymour District, Holiday/Overtime	62.4000
251	99,999,999.00	HUR000000000100057340 Shift 2	Registered Nurse, Seymour District, Holiday/Overtime	64.1800
252	99,999,999.00	HUR000000000100057341 Shift 3	Registered Nurse, Seymour District, Holiday/Overtime	65.9500
253	99,999,999.00	0 HUR000000000100057342 Shift 1	Clinical Nurse Specialist, Seymour District, Regular	54.4500
254	99,999,999.00	HUR000000000100057343 Shift 2	Clinical Nurse Specialist, Seymour District, Regular	55.7300
255	99,999,999.00	HUR000000000100057344 Shift 3	Clinical Nurse Specialist, Seymour District, Regular	57.0100
256	99,999,999.00	HUR000000000100057345 Holiday/Overtime Shift 1	Clinical Nurse Specialist, Seymour District,	76.2300
257	99,999,999.00	HUR000000000100057346 Holiday/Overtime Shift 2	Clinical Nurse Specialist, Seymour District,	78.0200
258	99,999,999.00	HUR000000000100057347 Holiday/Overtime Shift 3	Clinical Nurse Specialist, Seymour District,	79.8100
259	99,999,999.00	HUR00000000100057348	Nurse Practitioner, Seymour District, Regular Shift 1	84.5300
260	99,999,999.00	HUR00000000100057349	Nurse Practitioner, Seymour District, Regular Shift 2	85.6600
261	99,999,999.00	HUR00000000100057350	Nurse Practitioner, Seymour District, Regular Shift 3	86.7800
262	99,999,999.00	HUR000000000100057351 Holiday/Overtime Shift 1	Nurse Practitioner, Seymour District,	118.3400
263	99,999,999.00	HUR000000000100057352 Holiday/Overtime Shift 2	Nurse Practitioner, Seymour District,	119.9200
264	99,999,999.00	0 HUR0000000000100057353 Holiday/Overtime Shift 3	Nurse Practitioner, Seymour District,	121.4900
265	99,999,999.00	HUR000000000100057360 Shift 1	Radiologic Technician, Seymour District, Regular	53.3100
266	99,999,999.00	HUR000000000100057361 Shift 2	Radiologic Technician, Seymour District, Regular	54.4400
267	99,999,999.00	HUR000000000100057362 Shift 3	Radiologic Technician, Seymour District, Regular	55.5700
268	99,999,999.00	HUR000000000100057363 Holiday/Overtime Shift 1	Radiologic Technician, Seymour District,	74.6300

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ASA7-7-40 Medical Temp Requisition Nbr.:

09/01/2007 Effective Date: 10/31/2009 **Expiration Date:** 

Agency Number:

Facility: RFP 7-14 760701127 Vendor Federal ID:

Vendor Telephone Nbr: 317-862-8141

Name Of Contact Pers: NORA VANDAGRIFFT

FAX Number: 317-862-8143

Name and ASSURED HEALTHCARE Address Cntct: NORA VANDAGRIFFT of Vendor: 7922 E EDGEWOOD AVE INDIANAPOLIS IN 46239

Vendor

Remit to:

ASSURED HEALTHCARE

7922 E EDGEWOOD AVE

**INDIANAPOLIS IN 46239** 

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Number	Quantity UNIT	Article and Description	Unit Price
269	99,999,999.00 HUR00000000 Holiday/C	00100057364 Radiologic Technician, Seymour District, Overtime Shift 2	76.2200
270	99,999,999.00 HUR00000000 Holiday/C	00100057365 Radiologic Technician, Seymour District, Overtime Shift 3	77.8000
271	99,999,999.00 HUR00000000 1	00100057366 Certified Nurse Aide, Seymour District, Regular Shift	23.3200
272	99,999,999.00 HUR00000000 2	00100057367 Certified Nurse Aide, Seymour District, Regular Shift	24.4400
273	99,999,999.00 HUR00000000 t3	00100057368 Certified Nurse Aide, Seymour District, Regular Shif	25.5600
274	99,999,999.00 HUR00000000 Holiday/C	00100057369 Certified Nurse Aide, Seymour District, Overtime Shift 1	32.6500
275	99,999,999.00 HUR00000000 Holiday/C	00100057370 Certified Nurse Aide, Seymour District, Overtime Shift 2	35.7840
276	99,999,999.00 HUR00000000 Holiday/C	00100057371 Certified Nurse Aide, Seymour District, Overtime Shift 3	35.7800
277	99,999,999.00 HUR00000000 Shift 1	00100057372 Qualified Medication Aide, Seymour District, Regular	24.8300
278	99,999,999.00 HUR00000000 Shift 2	00100057373 Qualified Medication Aide, Seymour District, Regular	26.0300
279	99,999,999.00 HUR00000000 Shift 3	00100057374 Qualified Medication Aide, Seymour District, Regular	27.2300
280	99,999,999.00 HUR00000000 Holiday/C	00100057375 Qualified Medication Aide, Seymour District, Overtime Shift 1	34.7600
281	99,999,999.00 HUR00000000 Holiday/C	00100057376 Qualified Medication Aide, Seymour District, Overtime Shift 2	36.4400
282		00100057377 Qualified Medication Aide, Seymour District, Overtime Shift 3	38.1200
283	99,999,999.00 HUR00000000 1	00100057378 Behavioral Clinician, Seymour District, Regular Shift	67.0200
284	99,999,999.00 HUR00000000 2	00100057379 Behavioral Clinician, Seymour District, Regular Shift	68.2600
285	99,999,999.00 HUR00000000 3	00100057380 Behavioral Clinician, Seymour District, Regular Shift	69.4900
286	99,999,999.00 HUR0000000 Holiday/C	00100057381 Behavioral Clinician, Seymour District, Overtime Shift 1	93.8300
287	99,999,999.00 HUR00000000 Holiday/C	00100057382 Behavioral Clinician, Seymour District, Overtime Shift 2	95.5600

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Page

09/01/2007 Effective Date: 10/31/2009 **Expiration Date:** 

Agency Number:

Facility: RFP 7-14 760701127 Vendor Federal ID:

Vendor Telephone Nbr: 317-862-8141 Name Of Contact Pers: NORA VANDAGRIFFT

FAX Number: 317-862-8143

Name and ASSURED HEALTHCARE Address Cntct: NORA VANDAGRIFFT of Vendor: 7922 E EDGEWOOD AVE INDIANAPOLIS IN 46239

Vendor

Remit to:

ASSURED HEALTHCARE

7922 E EDGEWOOD AVE

INDIANAPOLIS IN 46239

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Number	Quantity	UNIT		Article and Description	Unit Price
288	99,999,999	.00 HUR00000000001 Holiday/Ove			97.2900
289	99,999,999	.00 HUR0000000001 Shift 1	00057384	Medical Transciptionist, Seymour District, Regular	33.1100
290	99,999,999	.00 HUR0000000001 Shift 2	00057385	Medical Transciptionist, Seymour District, Regular	34.2900
291	99,999,999	.00 HUR0000000001 Shift 3	00057386	Medical Transciptionist, Seymour District, Regular	35.4600
292	99,999,999	.00 HUR0000000001 Holiday/Ove			46.3500
293	99,999,999	.00 HUR0000000001 Holiday/Ove			48.0000
294	99,999,999	.00 HUR0000000001 Holiday/Ove		Medical Transciptionist, Seymour District,	49.6400
295	99,999,999	.00 HUR0000000001 1	00057390	Pharmacy Technician, Seymour District, Regular Shift	26.2500
296	99,999,999	.00 HUR0000000001 2	00057391	Pharmacy Technician, Seymour District, Regular Shift	27.4800
297	99,999,999	.00 HUR0000000001 3	00057392	Pharmacy Technician, Seymour District, Regular Shift	28.7000
298	99,999,999	.00 HUR0000000001 Holiday/Ove		Pharmacy Technician, Seymour District,	36.7500
299	99,999,999	.00 HUR0000000001 Holiday/Ove			38.4700
300	99,999,999	.00 HUR0000000001 Holiday/Ove		Pharmacy Technician, Seymour District,	40.1800
301	99,999,999	.00 HUR0000000001 Shift 1	00057408	Licensed Practical Nurse, Vincennes District, Regular	34.0300
302	99,999,999	.00 HUR0000000001 Shift 2	00057409	Licensed Practical Nurse, Vincennes District, Regular	34.0300
303	99,999,999	.00 HUR0000000001 Shift 3	00057410	Licensed Practical Nurse, Vincennes District, Regular	36.3200
304	99,999,999	.00 HUR0000000001 Holiday/Ove			47.6400
305	99,999,999	.00 HUR0000000001 Holiday/Ove		Licensed Practical Nurse, Vincennes District,	47.6400
306	99,999,999	.00 HUR0000000001	00057413	Licensed Practical Nurse, Vincennes District,	50.8500

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ASA7-7-40 Medical Temp Requisition Nbr.:

09/01/2007 Effective Date: 10/31/2009 **Expiration Date:** 

Agency Number:

Facility: RFP 7-14 760701127 Vendor Federal ID:

Vendor Telephone Nbr: 317-862-8141 Name Of Contact Pers: NORA VANDAGRIFFT

FAX Number: 317-862-8143

INDIANAPOLIS IN 46239 Name and ASSURED HEALTHCARE

Vendor

Remit to:

ASSURED HEALTHCARE

7922 E EDGEWOOD AVE

Address Cntct: NORA VANDAGRIFFT of Vendor: 7922 E EDGEWOOD AVE INDIANAPOLIS IN 46239

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Number	Quantity	<b>UNIT</b> Holiday/Overtime S	Article and Description hift 3	Unit Price
307	99,999,999	9.00 HUR000000000100057414	Registered Nurse, Vincennes District, Regular Shift 1	44.5700
308	99,999,99	9.00 HUR000000000100057415	Registered Nurse, Vincennes District, Regular Shift 2	45.8400
309	99,999,999	9.00 HUR000000000100057416	Registered Nurse, Vincennes District, Regular Shift 3	47.1100
310	99,999,999	9.00 HUR000000000100057417 Holiday/Overtime Shif		62.4000
311	99,999,999	9.00 HUR000000000100057418 Holiday/Overtime Shif		64.1800
312	99,999,999	9.00 HUR000000000100057419 Holiday/Overtime Shif		65.9500
313	99,999,999	9.00 HUR000000000100057420 Regular Shift 1	Clinical Nurse Specialist, Vincennes District,	54.4500
314	99,999,999	9.00 HUR000000000100057421 Regular Shift 2	Clinical Nurse Specialist, Vincennes District,	55.7300
315	99,999,999	9.00 HUR000000000100057422 Regular Shift 3	2 Clinical Nurse Specialist, Vincennes District,	57.0100
316	99,999,999	9.00 HUR000000000100057423 Holiday/Overtime Shif		76.2300
317	99,999,999	9.00 HUR000000000100057424 Holiday/Overtime Shif		78.0200
318	99,999,999	9.00 HUR000000000100057425 Holiday/Overtime Shif		79.8100
319	99,999,999	9.00 HUR000000000100057426 1	Nurse Practitioner, Vincennes District, Regular Shift	84.5300
320	99,999,999	9.00 HUR000000000100057427 2	Nurse Practitioner, Vincennes District, Regular Shift	85.6600
321	99,999,999	9.00 HUR000000000100057428 3	Nurse Practitioner, Vincennes District, Regular Shift	86.7800
322	99,999,999	9.00 HUR000000000100057429 Holiday/Overtime Shif		118.3400
323	99,999,999	9.00 HUR000000000100057430 Holiday/Overtime Shif	•	119.9200
324	99,999,999	9.00 HUR000000000100057431 Holiday/Overtime Shif		121.4900
325	99,999,999	9.00 HUR000000000100057438 Shift 1	Radiologic Technician, Vincennes District, Regular	53.3100
326	99,999,999	9.00 HUR000000000100057439	Radiologic Technician, Vincennes District, Regular	54.4400

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ASA7-7-40 Medical Temp Requisition Nbr.:

09/01/2007 Effective Date: 10/31/2009 **Expiration Date:** 

Agency Number:

Facility: RFP 7-14 760701127 Vendor Federal ID:

Vendor Telephone Nbr: 317-862-8141 Name Of Contact Pers: NORA VANDAGRIFFT

FAX Number: 317-862-8143

Name and ASSURED HEALTHCARE Address Cntct: NORA VANDAGRIFFT of Vendor: 7922 E EDGEWOOD AVE INDIANAPOLIS IN 46239

Vendor

Remit to:

ASSURED HEALTHCARE

7922 E EDGEWOOD AVE

**INDIANAPOLIS IN 46239** 

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Number	Quantity	UNIT Shift 2	Article and Description	Unit Price
327	99,999,999.00	HUR000000000100057440 Shift 3	Radiologic Technician, Vincennes District, Regular	55.5700
328	99,999,999.00	) HUR000000000100057441 Holiday/Overtime Shift 1	Radiologic Technician, Vincennes District,	74.6300
329	99,999,999.00	HUR000000000100057442 Holiday/Overtime Shift 2	Radiologic Technician, Vincennes District,	76.2200
330	99,999,999.00	HUR000000000100057443 Holiday/Overtime Shift 3	Radiologic Technician, Vincennes District,	77.8000
331	99,999,999.00	HUR000000000100057444 Shift 1	Certified Nurse Aide, Vincennes District, Regular	23.3200
332	99,999,999.00	HUR000000000100057445 Shift 2	Certified Nurse Aide, Vincennes District, Regular	24.4400
333	99,999,999.00	HUR000000000100057446 Shif t3	Certified Nurse Aide, Vincennes District, Regular	25.5600
334	99,999,999.00	) HUR000000000100057447 Holiday/Overtime Shift 1	Certified Nurse Aide, Vincennes District,	32.6500
335	99,999,999.00	HUR000000000100057448 Holiday/Overtime Shift 2	Certified Nurse Aide, Vincennes District,	35.7840
336	99,999,999.00	HUR000000000100057449 Holiday/Overtime Shift 3	Certified Nurse Aide, Vincennes District,	35.7800
337	99,999,999.00	HUR000000000100057450 Regular Shift 1	Qualified Medication Aide, Vincennes District,	24.8300
338	99,999,999.00	HUR000000000100057451 Regular Shift 2	Qualified Medication Aide, Vincennes District,	26.0300
339	99,999,999.00	HUR000000000100057452 Regular Shift 3	Qualified Medication Aide, Vincennes District,	27.2300
340	99,999,999.00	HUR000000000100057453 Holiday/Overtime Shift 1	Qualified Medication Aide, Vincennes District,	34.7600
341	99,999,999.00	) HUR000000000100057454 Holiday/Overtime Shift 2	Qualified Medication Aide, Vincennes District,	36.4400
342	99,999,999.00	HUR000000000100057455 Holiday/Overtime Shift 3	Qualified Medication Aide, Vincennes District,	38.1200
343	99,999,999.00	HUR000000000100057456 Shift 1	Behavioral Clinician, Vincennes District, Regular	67.0200
344	99,999,999.00	HUR000000000100057457 Shift 2	Behavioral Clinician, Vincennes District, Regular	68.2600
345	99,999,999.00	HUR00000000100057458	Behavioral Clinician, Vincennes District, Regular	69.4900
			State Form 9955(R9/8-02)-Electronic Version-Approved by State Boar	a Ut Accounts. 2

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ASA7-7-40 Medical Temp Requisition Nbr.:

Effective Date: 09/01/2007 10/31/2009 **Expiration Date:** 

Agency Number:

Facility: RFP 7-14 Vendor Federal ID: 760701127

Vendor Telephone Nbr: 317-862-8141 Name Of Contact Pers: NORA VANDAGRIFFT

**FAX Number:** 317-862-8143

Name and ASSURED HEALTHCARE Address Cntct: NORA VANDAGRIFFT of Vendor: 7922 E EDGEWOOD AVE INDIANAPOLIS IN 46239

ASSURED HEALTHCARE

7922 E EDGEWOOD AVE

**INDIANAPOLIS IN 46239** 

Vendor

Remit to:

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

The Vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration of the QPA but issued prior to the expiration date. The quantity listed herein is an estimate of the requirements. The state may order substantially more or substantially less pursuant to the terms of this agreement. Orders are to be delivered only upon receipt of properly approved Quantity Purchase Award Release.

Line Number	Quantity	UNIT Shift 3	Article and Description	Unit Price
346	99,999,999.00	0 HUR0000000000100057459 Holiday/Overtime Shift 1	Behavioral Clinician, Vincennes District,	93.8300
347	99,999,999.00	0 HUR000000000100057460 Holiday/Overtime Shift 2	Behavioral Clinician, Vincennes District,	95.5600
348	99,999,999.00	0 HUR000000000100057461 Holiday/Overtime Shift 3	Behavioral Clinician, Vincennes District,	97.2900
349	99,999,999.00	0 HUR000000000100057462 Shift 1	Medical Transciptionist, Vincennes District, Regular	33.1100
350	99,999,999.00	0 HUR000000000100057463 Shift 2	Medical Transciptionist, Vincennes District, Regular	34.2900
351	99,999,999.00	0 HUR000000000100057464 Shift 3	Medical Transciptionist, Vincennes District, Regular	35.4600
352	99,999,999.00	0 HUR000000000100057465 Holiday/Overtime Shift 1	Medical Transciptionist, Vincennes District,	46.3500
353	99,999,999.00	0 HUR000000000100057466 Holiday/Overtime Shift 2	Medical Transciptionist, Vincennes District,	48.0000
354	99,999,999.00	0 HUR000000000100057467 Holiday/Overtime Shift 3	Medical Transciptionist, Vincennes District,	49.6400
355	99,999,999.00	0 HUR000000000100057468 Shift 1	Pharmacy Technician, Vincennes District, Regular	26.2500
356	99,999,999.00	0 HUR000000000100057469 Shift 2	Pharmacy Technician, Vincennes District, Regular	27.4800
357	99,999,999.00	0 HUR000000000100057470 Shift 3	Pharmacy Technician, Vincennes District, Regular	28.7000
358	99,999,999.00	0 HUR000000000100057471 Holiday/Overtime Shift 1	Pharmacy Technician, Vincennes District,	36.7500
359	99,999,999.00	0 HUR000000000100057472 Holiday/Overtime Shift 2	Pharmacy Technician, Vincennes District,	38.4700
360	99,999,999.00	0 HUR0000000000100057473 Holiday/Overtime Shift 3		40.1800

The following UN/CEFACT Unit of Measure Common Codes are used in this document:

HUR Hour

## Quantity Purchase Agreement With The State Of Indiana

Vendor ASSURED HEALTHCARE 7922 E EDGEWOOD AVE Remit to:

**INDIANAPOLIS IN 46239** 

Name and ASSURED HEALTHCARE Address Cntct: NORA VANDAGRIFFT of Vendor: 7922 E EDGEWOOD AVE INDIANAPOLIS IN 46239

**Qty Purchase Agreement QPA Number** Page 000000000000000000010277 21 of 21

ASA7-7-40 Medical Temp Requisition Nbr.:

**Effective Date:** 09/01/2007 10/31/2009 **Expiration Date:** 

**Agency Number:** 

Facility: RFP 7-14 760701127 Vendor Federal ID: Vendor Telephone Nbr: 317-862-8141

Name Of Contact Pers: NORA VANDAGRIFFT

**FAX Number:** 317-862-8143

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

The Vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration of the QPA but issued prior to the expiration date. The quantity listed herein is an estimate of the requirements. The state may order substantially more or substantially less pursuant to the terms of this agreement. Orders are to be delivered only upon receipt of properly approved Quantity Purchase Award Release.

UNIT **Unit Price** Line Number Quantity **Article and Description** 

Signature of Purchasing Officer	Typed Name  Date Signed	Signature Of Approval Office Of the State Attorney General Typed Name	Date Signed
Authorized Signature Indiana Department Of Administration Procurement Division 402 West Washington Street, Rm W468 Indianapolis, Indiana 46204			

Telephone: (317) 232-3053